

1127

32629

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH			
DIVISION OF VITAL STATISTICS			
(This return should be made by the person who made the original)		County Registrar's No. 117	
Place of Birth (Registration)		County No. St.	
SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH	FEB 5, 1915 (Month) (Day) (Year)		
FULL NAME	FATHER Valenta Leyva		
FULL MAIDEN NAME	MOTHER Ramona Quijada		
I HEREBY CERTIFY that the child described herein has been named			
BELEN LEYVA		(Give name in full) (Surname)	
		(Parent's Signature) Nelson D. Grayson	
		(Signature of Physician or Midwife)	
*These items to be entered by the local registrar before giving out this form.			
Blank supplemental reports of birth may be obtained from the local registrar.			
10M 10-1-42-S.P.Co.			